

NAF Request for Leave or Approved Absence

SUPPORTING DOCUMENTATION BUPERSINST 5300.10A

1. Name: (Last, First, Middle)			2. Social Security Number:		
3. Organization:					
4. Type of Leave/Absence:					
4a. COMPLETE APROPRIATE LINE FOR TYPE OF REQUEST	Date		Time		
	From	To	From	To	Total Hours
Accrued Annual Leave					
Accrued Sick Leave (Specify reason in remarks and attach supporting documentation if required)					
Accrued Sick Leave for Family (Specify reason in remarks and attach supporting documentation if required)					
LWOP under FMLA of 1993 (Specify reason in remarks and attach supporting documentation)					
Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under FMLA. Medical certification including projected duration shall be attached.					
LWOP for other than FMLA (Specify reason in remarks)					
Compensatory time off					
Other paid absence (Specify reason in remarks, e.g. time off award)					
5. Employee Remarks:					
6. Certification: I hereby request leave/approved absence from duty as indicated above and certify that leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing NAFI's procedures for requesting leave/approved absence including providing additional documentation, or medical certification as required and that falsification of information on this form may be grounds for disciplinary action, including removal.					
6a. Employee Signature:			6b. Date Signed:		
7a. Supervisory Decision on Request: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved					
7b. Supervisor's Signature:			7c. Date Signed:		
PRIVACY ACT STATEMENT					
Section 6311 of title 5, United States Code authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor or third party program administrators when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim: to appropriate Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment security reasons; to the Office of Personnel Management or the General Accounting office when information is required for evaluation of leave administration; or to the General Services Administration in connection with its responsibilities for records management.					
Your social security number is your employee number and collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number is voluntary, but failure to do so may result in disapproval of this request.					